



PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |   |                        |                             |
|--|---|------------------------|-----------------------------|
|  |   | Application Number     | 09/779,693                  |
|  |   | Filing Date            | February 7, 2001            |
|  |   | First Named Inventor   | Jonathan B. ROTHBARD et al. |
|  |   | Art Unit               | 1618                        |
|  |   | Examiner Name          | D. L. Jones                 |
| Total Number of Pages in This Submission | 9 | Attorney Docket Number | 578562001600                |

### ENCLOSURES (Check all that apply)

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing – 2 pages<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request – 1 page<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input checked="" type="checkbox"/> Petition (for Revival of an Application) – 2 pages<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address (copy as filed today) – 1 page<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><ul style="list-style-type: none"> <li>• Statement under 37 CFR 3.73(b) -1 page</li> <li>• Notice of Appeal- 1 page</li> <li>• Return Receipt Postcard</li> </ul> |
| Remarks  |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP (Customer No. 25226) |          |        |
| Signature    |  |          |        |
| Printed name | Robert K. Cerpa                              |          |        |
| Date         | March 23, 2006                               | Reg. No. | 39,933 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV456359325, in an envelope addressed to: MS Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 23, 2006

Signature: (Georgina Matos)



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|   |  |                          |                             |
|---|--|--------------------------|-----------------------------|
| <b>Effective on 12/08/2004.</b><br>Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | <b>Complete if Known</b> |                             |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>  |  | Application Number       | 09/779,693                  |
|   |  | Filing Date              | February 7, 2001            |
|   |  | First Named Inventor     | Jonathan B. ROTHBARD et al. |
|   |  | Examiner Name            | D. L. Jones                 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27             |  | Art Unit                 | 1618                        |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1,510.00)  |  | Attorney Docket No.      | 578562001600                |

**METHOD OF PAYMENT** (check all that apply)

|   |                                      |                                      |                               |   |
|---|--------------------------------------|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP |                                      |                                      |                               |   |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <b>Application Type</b> | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b> |                     | <b>EXAMINATION FEES</b> |                     |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|
|                         | <b>Fee (\$)</b>    | <b>Small Entity</b> | <b>Fee (\$)</b>    | <b>Small Entity</b> | <b>Fee (\$)</b>         | <b>Small Entity</b> |
| Utility                 | 300                | 150                 | 500                | 250                 | 200                     | 100                 |
| Design                  | 200                | 100                 | 100                | 50                  | 130                     | 65                  |
| Plant                   | 200                | 100                 | 300                | 150                 | 160                     | 80                  |
| Reissue                 | 300                | 150                 | 500                | 250                 | 600                     | 300                 |
| Provisional             | 200                | 100                 | 0                  | 0                   | 0                       | 0                   |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

| <b>Small Entity</b> |          |
|---------------------|----------|
| Fee (\$)            | Fee (\$) |

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| <b>Total Claims</b> | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
| 9 - 20 = 0          | x 0.00              | = 0.00          |                      | Fee (\$)                         |
|                     |                     |                 |                      | Fee Paid (\$)                    |

0.00 0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | /50                 | (round up to a whole number) x                          |                 | =                    |

Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

750.00

Other (e.g., late filing surcharge): 1453 Petition to revive unintentionally abandoned ...

510.00

2255 Extension for response within the third month

250.00

1401 Notice of Appeal

| <b>SUBMITTED BY</b> |                 |                                      |        |                          |
|---------------------|-----------------|--------------------------------------|--------|--------------------------|
| Signature           |                 | Registration No.<br>(Attorney/Agent) | 39,933 | Telephone (650) 813-5715 |
| Name (Print/Type)   | Robert K. Cerpa |                                      | Date   | March 23, 2006           |